

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

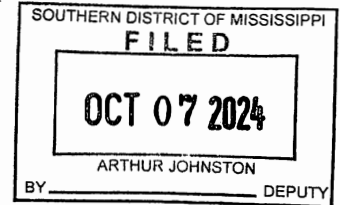
DeLoach 463387 COMPLAINT  
(Last Name) (Identification Number) 152860

Robert  
(First Name) (Middle Name)

HARRISON COUNTY ADC  
(Institution)

4506 Marlana St. Unit 15 Bossier City, LA 71111  
(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)



v.

CIVIL ACTION NUMBER: 2:24-cv-161-KS-MTP

(to be completed by the Court)

Jones County Board of  
County Commissioners /  
Superintendents, et. al

(Enter above the full name of the defendant or defendants in this action)

## OTHER LAWSUITS FILED BY PLAINTIFF

## NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No ( ☒ )
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: N/A
  - Court (if federal court, name the district; if state court, name the county):
  - Docket Number:
  - Name of judge to whom case was assigned:
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?):

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Robert Deloach Prisoner Number: 463387  
 Address: Harrison County Adult Detention Center  
4506 Marlana St, unit 15  
Bossier City, LA 71111

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Jones County Board of Supervisors is employed as  
County Supervisor at 415 North  
5th Avenue Laurel, MS 39440

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Robert Deloach ADDRESS: 4506 Marlana St, unit 15 Bossier City LA 71111

## DEFENDANT(S):

NAME: Jones County Board of Supervisors ADDRESS: 415 North 5th Ave Laurel MS 39440  
~~The Sheriff of Jones County, MS 400 North 5th Ave~~  
Joe Berlin 419 Yates Avenue Laurel MS 39440

## GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes ( ) No ( ☒ )

B. Are you presently incarcerated for a parole or probation violation?

Yes ( ) No ( ☒ )

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ) No ( ☒ )

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes ( ) No ( ☒ )

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes ( ) No ( ), if so, state the results of the procedure: N/A

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes ( ☒ ) No ( )

2. State how your claims were presented (written request, verbal request, request for forms): I've not. F. ed

Hammer County Sheriff I'm being detained illegally.

3. State the date your claims were presented: 9/1/2024 - 10/2/2024

4. State the result of the procedure: Not acknowledging Jones County

continues to have hold. Will not pick me up.

## STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

1. Defendants Joe Berlin and Jones County Board of Supervisors violated the plaintiff's rights by issuing through their court, a bench warrant, causing the plaintiff to be held without bond in the Harrison County AOC in violation of Miss. Code Ann. § 11-44-1 to -15 State law claim
2. Defendants Joe Berlin and Jones County Board of Supervisors violated the plaintiff's rights secured by the 8<sup>th</sup> and 14<sup>th</sup> Amendments to the United States Constitution by subjecting the plaintiff to cruel and unusual punishment Federal law claim

## RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

Compensation as required under the provisions of Miss. Code Ann. § 11-44-3(1) Declaratory Judgment, Punitive Damages in the amount of \$100,000 - per defendant and Compensatory damages in the amount determined by trial.

Signed this 3 day of OCTOBER, 2024

✓ Jury Trial Demanded

Robert E. Sebach Jr.  
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

10/3/2024  
(Date)

Robert E. Sebach Jr.  
Signature of plaintiff